

IPA 2024 CONVENTION REGISTRATION FORM

Name: _____ Highest Degree: _____

Pronouns you would like on your name badge: _____

Organization/Affiliation: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Email Address _____

I am presenting on Thursday I am presenting on Friday

CIRCLE REGISTRATION CHOICES

EARLY BIRD Received by:
September 30th

Registration Received by:
October 18th

**After October 18, or
On-site**

THURSDAY and Friday PROGRAM Package

IPA Members -----	\$330	\$350 -----	\$365
Non-Members -----	\$365	\$385 -----	\$400

IPAGS TWO DAY PACKAGE - IPAGS Student Member Special: Thursday and Friday Programs -- \$25/*\$35 (*with lunch on Friday)

THURSDAY WORKSHOP ONLY (Includes Lunch)

IPA Members -----	\$175	\$195 -----	\$200
Non-members -----	\$225	\$250 -----	\$275
Non-Student Members: -----	\$45	\$55 -----	\$65

FRIDAY PROGRAMS ONLY (Includes Lunch)

IPA Members -----	\$185	\$200 -----	\$215
Non-members -----	\$225	\$250 -----	\$275
Non-Student Members (no lunch/lunch included*) -----	\$35/*\$50	\$45/*\$55 -----	\$55/*65

Total Conference Fees: _____

I prefer a vegetarian lunch on Friday

I am a new IPA member (joined after 1/1/2024)

VISA/MASTER/AM EXP CARD # _____

Expiration Date: _____ Billing Zip Code: _____

Name on Card: _____

Signature: _____

YOUR PROGRAM CHOICES: Please check the number of each program you plan to attend on Thursday and Friday.
This information will help determine meeting room size. Refer to program numbers listed with program titles.

Thursday: A.M. 1 2 3 4 5 6 7 8

Thursday: P.M 9 10 11 12 13 14 15 16 17 18 19 20

Friday: A.M. 21 22 23 24

Friday: P.M 25 26 27 28 29

**If paying by check, make check payable to: Illinois Psychological Association and mail with this form to:
Litesa Wallace C/O Illinois Psychological Association
5962 Fox Basin Rd., Rockford, IL 61108 - Phone: 312/372-7610 x 201**